

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

RECEIVED

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

MAR 28 2003

1. TRANSMITTAL NUMBER:

03-07

2. STATE

Oregon

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

4. PROPOSED EFFECTIVE DATE

April 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

HCFA-PM-91-4

7. FEDERAL BUDGET IMPACT:

a. FFY \$ -0

b. FFY \$ -0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6-A, page 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 1 to Attachment 2.6-A, page 6

approved: 05/30/03
effective: 04/01/03

10. SUBJECT OF AMENDMENT:

This transmittal is being submitted to reflect the increase in the Federal Poverty Level for groups of Qualified Medicare Beneficiaries (QMB).

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Per Attachment 7.3A

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Lynn Read

13. TYPED NAME: Lynn Read

Jean I. Thorne
Jean I. Thorne

14. TITLE:

Administrator, OMAP

Director, DHS

15. DATE SUBMITTED:

3/26/03

16. RETURN TO:

Office of Medical Assistance Programs
Department of Human Services
500 Summer Street NE, 3rd Floor, E35
Salem, OR 97301

ATTN: Carole Van Eck

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

MAR 28 2003

18. DATE APPROVED **MAY 30 2003**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR 1 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

LSI

21. TYPED NAME:

Karen S. O'Connor

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Division of Medicaid &
Health

3/26/03
(initials)

Salem
(initials)

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Transmittal #03-07
SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 6
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

INCOME ELIGIBILITY LEVELS (continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The level for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of Section 1905(p)(2)(A) of the Act are as follows:

1. Non-Section 1902(f) States

- a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1992: 100 percent

- b. Levels:

<u>Family Size</u>	<u>Income Level</u>
1	\$768
2	1,030

TN No. 03-07
Supersedes TN No. 02-02

Approved:

Effective Date: 4/1/03